

THE SALAZAR LAW FIRM, P.A.
NEW CLIENT INFORMATION SHEET
(PERSONAL INJURY - MOTOR VEHICLE)

TODAY'S DATE _____

DATE OF ACCIDENT _____

PERSONAL INFORMATION:

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE () _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ MARITAL STATUS _____ HOW LONG _____

NAME OF SPOUSE _____

ADDRESS OF SPOUSE IF SEPARATED _____

PHONE NUMBER OF SPOUSE _____

HOW LONG HAVE YOU LIVED IN FLORIDA _____

YOUR PRESENT EMPLOYER _____

EMPLOYMENT ADDRESS _____

EMPLOYMENT PHONE NO. _____ DATE HIRED _____

DESCRIBE YOUR OCCUPATION AND TYPE OF DUTIES PERFORMED _____

HOURS YOU WORK ____ TO _____ GROSS AVERAGE WEEKLY WAGE _____

YOUR EMPLOYER ON DATE OF ACCIDENT IF DIFFERENT FROM ABOVE _____

ADDRESS _____

DATE OF TERMINATION _____ GROSS AVERAGE WEEKLY WAGE _____

HAVE YOU LOST TIME FROM WORK DUE TO YOUR INJURIES? _____

DATE DISABILITY BEGAN _____ DATE YOU RETURNED _____

WERE YOU PAID FOR MISSED TIME? _____ BY WHOM? _____

AT THE TIME OF THE ACCIDENT, WERE YOU IN THE COURSE AND SCOPE OF YOUR
EMPLOYMENT? _____

**Thank you for your attention to these details - The more completely you
fill in this form, the more effectively we can represent you in this matter**

LIST EVERY VEHICLE OWNED BY YOU ON THE DATE OF THE ACCIDENT AND THE INSURANCE COMPANY WHICH INSURED EACH VEHICLE:

<u>VEHICLE</u>	<u>INSURANCE COMPANY</u>
_____	_____
_____	_____
_____	_____

LIST EVERY RELATIVE LIVING IN YOUR HOUSEHOLD ON THE DATE OF ACCIDENT, THE AGE AND RELATIONSHIP OF EACH SUCH RELATIVE, ANY CAR OWNED BY EACH SUCH RELATIVE, AND THE INSURANCE CARRIER FOR EACH CAR:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>CAR OWNED</u>	<u>INSURANCE CO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHO REFERRED YOU TO OUR OFFICE? _____

NAME, ADDRESS, & PHONE NUMBER OF A CLOSE FRIEND OR RELATIVE NOT LIVING IN YOUR HOUSEHOLD WHOM WE CAN CONTACT IN CASE WE ARE UNABLE TO REACH YOU:

NAME, ADDRESS, & TELEPHONE NUMBER OF YOUR AUTOMOBILE INSURANCE CARRIER _____

HAVE YOU NOTIFIED YOUR INSURANCE COMPANY OF THE ACCIDENT _____
IF SO, WHEN _____

NAME, ADDRESS, & TELEPHONE NUMBER OF YOUR MEDICAL INSURANCE COMPANY ON THE DATE OF ACCIDENT _____

POLICY/CONTRACT NO. _____ GROUP NO. _____

DO YOU CURRENTLY HAVE MEDICAL INSURANCE COVERAGE? _____
IF DIFFERENT FROM ABOVE, NAME, ADDRESS & TELEPHONE NUMBER OF CURRENT MEDICAL INSURANCE CARRIER _____

POLICY/CONTRACT NO. _____ GROUP NO. _____

COLLISION INFORMATION:

DAY OF WEEK AND TIME _____

PLACE _____ CITY _____

WEATHER CONDITIONS _____

ROAD CONDITIONS _____

WERE YOU WEARING A SEATBELT _____

DRIVER OF CAR YOU WERE IN _____

DRIVER'S ADDRESS (IF NOT SELF) _____

PHONE NUMBER _____ AGE _____

OWNER IF DIFFERENT FROM DRIVER _____

OWNER'S ADDRESS (IF NOT SELF) _____

PHONE NUMBER _____ INSURANCE COMPANY _____

LICENSE PLATE NO. _____ YEAR _____ MAKE _____

MODEL _____ COLOR _____ AREAS OF DAMAGE TO THE

VEHICLE YOU WERE IN _____

HAS VEHICLE BEEN REPAIRED? _____ IF SO, HOW MUCH AND WHO

PAID? _____

IF NOT, HAVE ESTIMATES BEEN OBTAINED? _____

WHERE IS THE VEHICLE NOW? _____

DO YOU HAVE RENTAL CAR EXPENSES? _____

DO YOU HAVE PHOTOGRAPHS OF THE DAMAGE TO YOUR VEHICLE? _____

GIVE THE NAME, ADDRESS, & RELATIONSHIP, IF ANY, OF EACH PASSENGER IN THE VEHICLE YOU WERE IN, AND INDICATE IF EACH PASSENGER OWNS A VEHICLE, AND THE NAME OF THE INSURANCE COMPANY FOR ANY SUCH VEHICLE:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CAR OWNED</u>	<u>INSURANCE CO.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INFORMATION ON THE VEHICLE AT FAULT:

DRIVER _____

ADDRESS _____

PHONE NUMBER _____ AGE _____

OWNER IF DIFFERENT FROM DRIVER _____

ADDRESS _____

PHONE NO. _____ INSURANCE COMPANY _____

LICENSE PLATE NO. _____ YEAR _____ MAKE _____

MODEL _____ COLOR _____ AREAS OF DAMAGE TO VEHICLE _____

POLICE INVESTIGATION:

DID THE POLICE INVESTIGATE THE ACCIDENT? _____

WHAT DEPARTMENT? _____

CASE NO. _____ OFFICER _____

CITATION ISSUED TO: _____

CHARGE _____

DO YOU HAVE ACCIDENT REPORT? _____

DID THE POLICE TAKE PHOTOGRAPHS? _____

WERE ANY ADMISSIONS OF GUILT MADE BY ANY OF THE DRIVERS AT THE SCENE AND IF SO, PLEASE DESCRIBE:

DID THE DRIVER APPEAR TO HAVE BEEN DRINKING OR TAKING DRUGS?

DID THE POLICE TAKE ANY ALCOHOL OR DRUG TESTS? _____

ANY WITNESSES TO THE ACCIDENT KNOWN TO YOU:

NAME ADDRESS PHONE NO.

IN YOU OWN WORDS, BRIEFLY DESCRIBE THE ACCIDENT (INCLUDE TRAFFIC CONTROL DEVICES, SPEED OF CARS, ALL CAUSES, ETC.)

INFORMATION ON YOUR INJURIES:

DESCRIBE YOUR INJURIES AND COMPLAINTS OF PAIN AS A RESULT OF THIS ACCIDENT, INCLUDING AGGRAVATION OF ANY PRE-EXISTING PROBLEMS:

WHAT PARTS OF YOUR BODY STRUCK WHAT PARTS OF THE CAR UPON IMPACT?

WAS FIRST AID GIVEN AT THE SCENE? _____

IF SO, BY WHOM? _____

LIST ALL DOCTORS, HOSPITALS, THERAPISTS, ETC., BY WHOM YOU HAVE BEEN TREATED FOR THE INJURIES SUSTAINED IN THIS ACCIDENT:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATES OF TREATMENT</u>
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(Use back of page if necessary for more names)

LIST ANY DRUGS THAT HAVE BEEN PRESCRIBED FOR YOU BECAUSE OF THE ACCIDENT:

<u>DRUG</u>	<u>PURPOSE</u>	<u>PHARMACY</u>	<u>COST</u>
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DID YOU TAKE PHOTOGRAPHS OF YOUR INJURIES? _____
LIST ANY OUT-OF-POCKET EXPENSES YOU HAVE INCURRED DUE TO THIS ACCIDENT SUCH
AS CRUTCHES, HEATING PAD, PROSTHETIC DEVICES, HOUSEHOLD HELP, BABY SITTING
EXPENSES, MEDICAL TRANSPORTATION COSTS, ETC.

HAVE YOU GIVEN INFORMATION ABOUT THIS ACCIDENT AND/OR YOUR INJURIES TO ANY
INSURANCE COMPANY? PLEASE DESCRIBE:

PRIOR ACCIDENTS OR INJURIES:

LIST ANY PREVIOUS AUTOMOBILE ACCIDENTS YOU HAVE BEEN IN AS A DRIVER OF A
VEHICLE AND INDICATE IF YOU WERE CHARGED WITH THE ACCIDENT:

IF YOU WERE INJURED IN ANY PREVIOUS ACCIDENTS OF ANY KIND, INCLUDING
AUTOMOBILE ACCIDENTS WHETHER OR NOT YOU WERE THE DRIVER, FALLS, WORK-RELATED
ACCIDENTS, ETC., DESCRIBE THE ACCIDENT AND THE INJURIES SUSTAINED AND THE
AREA OF YOUR BODY THAT WAS INJURED:

LIST THE NAMES AND ADDRESSES OF ANY DOCTORS WHO TREATED YOU FOR INJURIES
SUSTAINED IN ANY PREVIOUS ACCIDENTS OF ANY KINDS:

LIST ANY LAWSUITS AND/OR PERSONAL INJURY CLAIMS THAT AROSE FROM THE ABOVE-
MENTIONED PREVIOUS ACCIDENTS OR INJURIES. GIVE DATES, ATTORNEYS INVOLVED,
AND RESULTS:

BACKGROUND INFORMATION:

LIST ANY AND ALL PREVIOUS HEALTH CONDITIONS YOU HAVE HAD:

CRIMINAL ARREST RECORD (CONFIDENTIAL - WE NEED THIS INFORMATION TO EFFECTIVELY REPRESENT YOU)

HAS ANY OTHER LAWYER REPRESENTED YOU IN THIS MATTER? _____

ANY ADDITIONAL INFORMATION OR COMMENTS YOU FEEL WOULD ASSIST US:
